

Good Dentist

Hollins Road Dental Practice

Inspection Report

756 Hollins Road
Oldham
Manchester
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2020
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Overall summary

We carried out this unannounced focused inspection on 28 February and 2 March 2020 in response to information of concern and under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

As part of this focused inspection we asked the following questions:

- Is it safe?
- Is it well led?

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Background

Hollins Road Dental Practice is in Oldham and provides NHS and private dental care and treatment for adults and children.

The practice is not accessible to wheelchair users. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes two dentists, two dental nurses (one of which is a trainee), and a part time practice manager. The practice has one treatment room. A second treatment room is currently under construction. The practice uses agency staff as necessary.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Hollins Road Dental Practice is one of the partners.

During the inspection we spoke with one dentist, an agency dental nurse and a temporary receptionist. We spoke with the registered manager and the practice manager on the telephone. On the second day we spoke with the registered manager, a dentist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Summary of findings

Monday to Friday 9am to 5:30pm

Our key findings were:

- The practice was not visibly clean, tidy or well-maintained. This had improved significantly when we returned on the second day.
- The provider had infection control procedures which reflected published guidance but improvements were needed to ensure staff followed these.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider did not have systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

We identified regulations the provider was not complying with. They must:

- Maintain appropriate standards of hygiene for premises and equipment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

No action



Are services well-led?

Requirements notice



Are services safe?

Our findings

We found this practice was providing safe care in accordance with the relevant regulations.

The initial inspection highlighted concerns about the arrangements to provide safe care. We saw evidence that processes were implemented to address the immediate concerns. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice did not have clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. Staff were not aware if there were safeguarding procedures with information about identifying, reporting and dealing with suspected abuse. The dentist had completed safeguarding training and knew how to report concerns to the manager and would know how to contact local safeguarding organisations.

The provider had an infection prevention and control policy and procedures in line with the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. A procedure and workflow were displayed for staff to follow. The arrangements for transporting, cleaning, checking, sterilising and storing instruments required improvement. For example, we saw instruments in a box marked clean. This box was visibly dirty and the staff working on the day of the inspection were not aware how long they had been left there. The agency dental nurse reprocessed the instruments during the inspection. We saw on 2 March the instrument box had been replaced. The records showed equipment used by staff for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. A validation test was carried out at the start of

each day. We noted the printer on the steriliser was not working. A validation test strip should be placed in with every cycle of the autoclave to evidence successful completion of the cycle. The provider had suitable numbers of dental instruments available for the clinical staff.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had not acted in a timely way to reduce the possibility of Legionella or other bacteria developing in the water systems. A legionella risk assessment had recently been carried out. The provider had received results on 5 December 2019 that a water sample taken from a hot water tap had tested positive for the presence of legionella bacteria. The practice had implemented regular flushing of taps and dental unit water lines. They did not obtain the full legionella risk assessment report or carry out additional testing to demonstrate improvement until 2 March 2020. The provider told us they would review the report and implement all recommendations. A water purifier was used to supply water for use in the dental unit waterlines and the steriliser. This was visibly dirty with debris and gritty particles inside the vessel. Immediate action was taken to discard the water in the device and storage bottle and clean the device. On 2 March 2020 we saw the use of this device had been discontinued and a new unit had been ordered. Bottled water was in use until its installation. We noted flexible water supply hoses had been installed in the new dental surgery. We highlighted the ACOP L8 Legionnaires' disease, the control of legionella bacteria in water systems guidance where use of these is discouraged where possible.

The provider did not have effective cleaning schedules to ensure the practice was kept clean, particularly while renovations were carried out in the premises. Floors and work surfaces and mop heads were visibly dirty. The bathroom sink, mirror and toilet were also dirty on the day of the inspection. Dust and grit were evident throughout the premises including work surfaces as a result of the building work being carried out and surfaces not being covered or sealed off. On 2 March 2020 we saw that all areas of the premises were clean and tidy.

The provider did not have procedures in place to ensure clinical waste was segregated and stored appropriately in

Are services safe?

line with guidance. A clinical waste bin was not provided in the decontamination room. Three clinical waste bags, (one of which had not been tied) had been discarded in the back yard of the premises. On 2 March 2020 we saw a temporary structure was used for the secure storage of clinical waste until the delivery of a large capacity clinical waste bin which had been ordered.

A member of staff felt confident they could raise concerns without fear of recrimination and gave examples of where they had done this.

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The provider did not ensure facilities were safe. The provider had not ensured the risks of carrying out building work and renovations whilst remaining open to patients has been suitably risk assessed or managed to protect patients and staff. Large amounts of inappropriate items, including drills, cables, boxes, old equipment and building supplies blocked staff from accessing the decontamination facilities and the staff kitchen, stock room and bathroom as they had to climb over these to access the facilities. The provider told us that patients were not to use the toilet during the renovations and arrangements had been made for patients to access the toilet facilities at the supermarket opposite the practice. Staff working on the day of the inspection were not aware of this arrangement. During the inspection the registered manager sent a representative to clear the inappropriate items. On 2 March 2020 we saw that inappropriate items had been cleared from all areas of the premises.

We saw there were fire extinguishers and fire detection systems throughout the building and the renovations included the installation of emergency lighting. Access through the rear fire exit would be inhibited by the clinical waste and building materials discarded in the back yard.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Two new X-ray machines had been installed. Critical examinations and acceptance testing had been carried out and the provider was awaiting these reports. Employer's procedures were not in place and local rules were not provided for staff. The provider told us this would be actioned. Staff confirmed they had received training in the use of these.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The practice's health and safety policies, procedures and risk assessments were not reviewed regularly to help manage potential risk, particularly when the builders carried out work in and outside normal working hours. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

Track record on safety, and lessons learned and improvements

The provider had limited systems to review and investigate when things went wrong.

In the previous week there had been two incidents where building work had affected staff who were carrying out patient care. The dentist told us this had been discussed

Are services safe?

with the provider but we saw no evidence that the provider ensured that building tasks required each day were reviewed to ensure these did not impact upon staff or patients.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care.

The provider was quick to act on the concerns raised during the first day of the inspection and the improvements made were evident on the second day of inspection. They understood the challenges and were addressing them but these systems were yet to be embedded.

Leaders were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had responsibilities, roles and systems of accountability to support governance and management.

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The systems to identify and manage risks and issues were ineffective. Appropriate risk assessments, contingency plans and arrangements were not in place to mitigate the risks to staff and people using the service whilst alterations to premises and equipment were made.

The inspection highlighted several issues which required immediate action to reduce the risks:

- The provider did not have effective cleaning schedules to ensure the practice was kept clean, or systems to monitor the level of cleanliness, particularly while renovations were carried out in the premises and take action without delay when shortfalls were identified.
- The provider did not have procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.
- The registered person had not acted in a timely way to reduce the possibility of Legionella or other bacteria developing in the water systems.
- Limited systems were in place to review and investigate when things went wrong. Incidents (including those that have potential for harm) that affect the health, safety and welfare of people using services had not been reported internally.
- The arrangements for transporting, cleaning, checking, sterilising and storing instruments required improvement to ensure staff followed these.

These concerns were highlighted by the inspection and not the practice's own systems. We saw evidence that processes were implemented to address the immediate concerns.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The registered person had failed to ensure that all premises used by the service were clean. In particular: <ul style="list-style-type: none">• Appropriate contingency plans and arrangements were not in place to mitigate the risks to people using the service whilst alterations to premises and equipment were made.• The provider did not have effective cleaning schedules to ensure the practice was kept clean, or systems to monitor the level of cleanliness, particularly while renovations were carried out in the premises and take action without delay when shortfalls were identified. Regulation 15(1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk: <ul style="list-style-type: none">• The provider did not have systems to help them manage risk to patients and staff. The practice's health and safety policies, procedures and risk assessments were not reviewed regularly to help manage potential risk.• The provider did not have procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

This section is primarily information for the provider

Requirement notices

- The registered person had not acted in a timely way to reduce the possibility of Legionella or other bacteria developing in the water systems.
- Limited systems were in place to review and investigate when things went wrong. Incidents (including those that have potential for harm) that affect the health, safety and welfare of people using services had not been reported internally
- The arrangements for transporting, cleaning, checking, sterilising and storing instruments required improvement to ensure staff followed these.

Regulation 17(1)